

(DCR 199-073) (12/00)

APPLICATION FOR AMPHITHEATER RESERVATION

Requesting Amphitheater Reservation at:

Smith Mountain Lake State Park 1235 State Park Road Huddleston, Virginia 24104-9547

Name of Family/Organization	1:			
Address:				
Phone Number:	Но	ome	Work	
Purpose:				
Desired Date:	A	Alternative Date:		
Desired Time Period:	8 am to 3 pm	3 pm to dusk	All Day	
Number of people:				
Reservation Fee:\$4	1.80 (Half Day)\$73	.15 (Full Day)		
address. Checks should be made t from park entrance fees or user fees all times. Refunds for reservations \$5.00 cancellation fee will be imple	s for services or facilities at the s must be requested at least one mented. cocessed and the date is confirm	VIA. Members of the above par park. All Virginia State Park r week in advance of the reservence, a follow-up letter with Spe	ty are NOT exempt regulations apply at ration date and a	
The public use or display of a permitted (including firework hours.	• •			
Contact person:				
Address:				
City/State/Zip:				
Home Phone:				
Business Phone:				
Signature:		Date:		